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APPLICANTS

William B. Priester, Memphis, TN;
 Joseph H. Butler JR., Knoxville, TN;
 Michael J. Twigg, Knoxville, TN;

** CONTINUING DATA *****
 OF

** FOREIGN APPLICATIONS *****
 OF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/03/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TN	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *OF*

ADDRESS
 000408
 LUEDEKA, NEELY & GRAHAM, P.C.
 P O BOX 1871
 KNOXVILLE , TN
 37901

TITLE
 Joint angle indication system

FILING FEE RECEIVED 724	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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